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CONFIRMATION NO. 8128

<b>SERIAL NUMBER</b> 09/370,453	<b>FILING OR 371(c) DATE</b> 08/09/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> GENITOPE-03849
<b>APPLICANTS</b> DAN W. DENNEY JR., REDWOOD CITY, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/761,277 12/06/1996 PAT 5,972,334 and is a CIP of 08/644,664 05/01/1996 PAT 5,776,746 <span style="float: right;">KAC</span>				
<b>** FOREIGN APPLICATIONS *****</b> (none)				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/25/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 10
Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 23535				
<b>TITLE</b> VACCINES FOR TREATMENT OF LYMPHOMA AND LEUKEMIA				
<b>FILING FEE RECEIVED</b> 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	